

FEC FORM 5

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REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations**

1. (a) Name of Individual, Organization or Corporation DEFENDERS OF WILDLIFE ACTION FUND		3. FEC Identification Number <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C90007907 </div>			
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1130 17TH STREET NW					
(c) City, State and ZIP Code WASHINGTON DC 20036					
2.	Corporate filers only Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
<table style="width: 100%; border: none;"> <tr> <td style="width: 5%; border: none;">Individual filers only</td> <td style="border: none; width: 65%;">Name of Employer</td> <td style="border: none; width: 30%;">Occupation</td> </tr> </table>			Individual filers only	Name of Employer	Occupation
Individual filers only	Name of Employer	Occupation			

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report ☒ 24-Hour Report ☐ 48-Hour Report
- ☐ July 15 Quarterly Report
- ☐ October Quarterly Report
- ☐ January 31 Year-End Report

(b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM

M M

 /

D D

 /

Y Y Y Y

THROUGH

M M

 /

D D

 /

Y Y Y Y

6. TOTAL CONTRIBUTIONS

3250.00

7. TOTAL INDEPENDENT EXPENDITURES.....

16857.00

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

Anne Saer

10/19/2006

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

**SCHEDULE 5-A
ITEMIZED RECEIPTS**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF FILER (In Full)

DEFENDERS OF WILDLIFE ACTION FUND

A. Full Name (Last, First, Middle Initial)

Mailing Address

843 Cardinal Lane

City

Bridgewater

State

NJ

Zip Code

08807

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	6

Transaction ID: F56.000001

Amount of Each Receipt this Period

500.00

Name of Employer

Self

Occupation

Consulting

B. Full Name (Last, First, Middle Initial)

Mailing Address

10 Hillside Road

City

Penfield

State

NY

Zip Code

14526

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	0	6

Transaction ID: F56.000002

Amount of Each Receipt this Period

2000.00

Name of Employer

Retired

Occupation

Educational Training

C. Full Name (Last, First, Middle Initial)

Mailing Address

1130 E Arrow Hwy

City

Upland

State

CA

Zip Code

91786

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	6

Transaction ID: F56.000003

Amount of Each Receipt this Period

250.00

Name of Employer

Univ of La Verne

Occupation

Professor

D. Full Name (Last, First, Middle Initial)

Mailing Address

3755 Rectortown Road

City

Marshall

State

VA

Zip Code

20115

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	7		2	0	0	6

Transaction ID: F56.000004

Amount of Each Receipt this Period

300.00

Name of Employer

Retired

Occupation

Homemaker

SUBTOTAL of Receipts This Page (optional)

3050.00

TOTAL This Period (last page carry total to Line 6)

SCHEDULE 5-A
ITEMIZED RECEIPTS

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NAME OF FILER (In Full)

DEFENDERS OF WILDLIFE ACTION FUND

A. Full Name (Last, First, Middle Initial)

Date of Receipt

Mailing Address

670 Randall Road

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	6		2	0	0	6

City

State

Zip Code

Santa Barbara

CA

93108

Transaction ID: F56.000005

FEC ID number of contributing
federal political committee.

C

Amount of Each Receipt this Period

200.00

Name of Employer

Occupation

Requested

Requested

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page carry total to Line 6)

3250.00

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE **4 / 5**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

DEFENDERS OF WILDLIFE ACTION FUND

Full Name (Last, First, Middle Initial) of Payee
MSHC Partners

Date

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 6Mailing Address
1155 15th Street, #300

Amount

8200.00

City
WashingtonState
DCZip Code
20005Purpose of Expenditure
Doorhanger and postcardCategory/
Type 006Office Sought: ☒ House State: CA
House ☐ Senate District: 11
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
Richard PomboCheck One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election
for Office Sought .00Disbursement For: ☐ Primary ☐ General
☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee
MSHC Partners

Date

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 6Mailing Address
1155 15th Street, #300

Amount

8200.00

City
WashingtonState
DCZip Code
20005Purpose of Expenditure
Doorhanger and postcardCategory/
Type 006Office Sought: ☒ House State: CA
House ☐ Senate District: 11
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
Jerry McNerneyCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought .00Disbursement For: ☐ Primary ☐ General
☐ Other (specify)

Full Name (Last, First, Middle Initial) of Payee

Date

M M / D D / Y Y Y Y
1 0 / 1 7 / 2 0 0 6Mailing Address
555 Peters Ave

Amount

51.00

City
PleasantonState
CAZip Code
94566Purpose of Expenditure
Travel reimbursementCategory/
Type 002Office Sought: ☒ House State: CA
House ☐ Senate District: 11
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
Richard PomboCheck One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election
for Office Sought .00Disbursement For: ☐ Primary ☐ General
☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

16451.00

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

DEFENDERS OF WILDLIFE ACTION FUND

Full Name (Last, First, Middle Initial) of Payee

Date

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 0 6Mailing Address
555 Peters Ave

Amount

77.00

City
PleasantonState
CAZip Code
94566Purpose of Expenditure
supliesCategory/
Type

001

Office Sought:

☒ House

State: CA

House

☐ Senate☐ President

District: 11

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Richard PomboCalendar Year-To-Date Per Election
for Office Sought

.00

Disbursement For:

☐ Primary☐ General☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee
Arrowhead Waters

Date

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 6Mailing Address
P.O. box 856158

Amount

281.00

City
LouisvilleState
KYZip Code
40285Purpose of Expenditure
Purchase water for officeCategory/
Type

001

Office Sought:

☒ House

State: CA

House

☐ Senate☐ President

District: 11

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Richard PomboCalendar Year-To-Date Per Election
for Office Sought

.00

Disbursement For:

☐ Primary☐ General☐ Other (specify)

Full Name (Last, First, Middle Initial) of Payee

Date

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 0 6Mailing Address
555 Peters Ave

Amount

48.00

City
PleasantonState
CAZip Code
94500Purpose of Expenditure
Travel reimbursementCategory/
Type

002

Office Sought:

☒ House

State: CA

House

☐ Senate☐ President

District: 11

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Richard PomboCalendar Year-To-Date Per Election
for Office Sought

.00

Disbursement For:

☐ Primary☐ General☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

406.00

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

16857.00